



NORTHEASTERN
STATE UNIVERSITY

NORTHEASTERN STATE UNIVERSITY PARKING SERVICES
CITATION VOID REQUEST

Today's Date: _____ Ticket Number: _____

Name: _____

Contact Number: _____ Additional Contact Number: _____

Banner Number: _____

Vehicle Tag Number(s): _____ State: _____

Have you purchased a parking permit? Yes ___ No ___ Date Purchased: _____

Number of years at NSU: _____

Reason for Grievance:

ADMINISTRATIVE USE ONLY

Number of citations issued: _____ Number of citations voided: _____

Number of Handicapped Parking Violations: _____

Number of Fire Lane Parking Violations: _____

Total Amount Owed: _____

Final Disposition of Grievance:

Appointment? Yes ___ No ___ Date / Time: _____

Ken Rivas

Date

Citation void request must be submitted to NSU Parking Services Office within 20 calendar days from receipt of citation.

Ken Rivas
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